



Alachua Police Department Employment Application

Name of Applicant *(please print)*: _____

Position and Position #: _____

Date: _____

PLEASE READ CAREFULLY!!!

Employees of the City of Alachua and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Preference in appointment will be given to eligible veterans and spouses.

Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the City of Alachua.

Your Social Security Number is used for the purpose of identification and background verification. Failure to provide your SS# may result in delay in processing your application.

**** Applications will only be accepted for open positions. All questions must be answered. When completing the application, please ensure that you provide current information in a legible manner. Applications indicating “See Resume” for any response will be considered incomplete and not processed.**

<i>Office Use Only</i>	
Received by: _____	Date: _____
Received by deadline? ____Y ____N	

■ PERSONAL DATA

Full Name:		Social Security Number:	
Mailing Address			
Street Address: <i>(If different)</i>			
City, State, Zip:			
Email Address:		Home Phone:	
		Cell Phone:	

Have you previously filed an application with the City of Alachua?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____
Have you ever worked for the City of Alachua?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____
Are any of your relatives presently employed with the City of Alachua?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____
How did you learn about this position?	

■ GENERAL INFORMATION

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity & eligibility to be legally employed in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been terminated, asked to resign or left by mutual agreement from any employment or position you held for any reason, including allegation of misconduct or unsatisfactory performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain</i> _____ _____
Have you received disciplinary action from an employer, such as a written notice or suspension?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain</i> _____

■ HISTORY: DRIVING, CRIMINAL, DRUG & RESIDENTIAL

DRIVING HISTORY

FL Driver license No: _____	Date of Expiration: _____	Restrictions: _____
Do you have or have you ever been issued a driver license in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide state(s), name used and approximate dates license(s) was/were issued and license number: _____ _____		
Have you ever been denied issuance of a driver license or have you ever had a driver license suspended, canceled or revoked? (This includes all states where you have held a license)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Driver History cont'd) If yes, provide details _____

During the last five years have you been issued any traffic citations or been charged with a traffic violation (excluding parking citations)? Yes No

If yes, list each accident and explain the circumstances and if you were given a ticket. List the investigating agency and location of the accident.

CRIMINAL ACTIVITY

Have you ever been convicted of a criminal offense? Yes No

If yes, provide details of date, charges, agency name/location, and disposition

DRUG ACTIVITY

Do you now or have you ever illegally obtained, possessed, supplied or sold any narcotic or controlled substance such as, but not limited to marijuana, ecstasy, cocaine, LSD, speed, roofies, whippets, heroin, steroids or any other drug of similar nature? Y N If yes, please complete the following chart(s):

Type of Drug	Circumstances	# of Times		First Time		Last Time	
		Illegally Obtained		Illegally Obtained		Illegally Obtained	
		Possessed		Possessed		Possessed	
		Supplied		Supplied		Supplied	
		Sold		Sold		Sold	
Type of Drug	Circumstances	# of Times		First Time		Last Time	
		Illegally Obtained		Illegally Obtained		Illegally Obtained	
		Possessed		Possessed		Possessed	
		Supplied		Supplied		Supplied	
		Sold		Sold		Sold	
Type of Drug	Circumstances	# of Times		First Time		Last Time	
		Illegally Obtained		Illegally Obtained		Illegally Obtained	
		Possessed		Possessed		Possessed	
		Supplied		Supplied		Supplied	
		Sold		Sold		Sold	

RESIDENTIAL HISTORY

Please list all addresses you have resided at in the past 5 years. Start with your current address and work backwards. Please include any address while you were in the military.

Street Address	City/ State/ Zip Code	Dates: (Mo/Yr)	
		From	To

■ EDUCATION/TRAINING

Education/ Type of School	Name/Address	Major	Circle Last Year Attended	Graduated	Degree
High School			9 10 11 12	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

Other Schools (Law Enforcement, Trade, Vocational, Business or Military)

Education/ Type of School	Name/Address	Major	Graduated	Degree
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

Additional Experience & Qualifications / Computer Skills

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

■ EMPLOYMENT HISTORY

Starting with your present employer, list chronologically all employment for the **past ten (10) years**. Include summer employment, part-time employment, temporary employment or employment that was only for a few days. Include all military base assignments, if applicable. **You must account for all periods of time**. If you have been unemployed for any period of time, include the dates of unemployment. Use the current complete address, city, state, zip code, area code and phone number. **Explain any gaps in your employment history.**

May we contact your current employer? Yes No

Name of Company:	<i>Circle One</i>		
	Full-time	Part-time	Title: _____
Address: _____	From: _____	To: _____	
	Starting Pay: _____		Supervisor's Name/Title: _____
Telephone: _____	Ending Pay: _____		_____
Duties: _____			
Reason for leaving: _____			
Name of Company:	<i>Circle One</i>		
	Full-time	Part-time	Title: _____
Address: _____	From: _____	To: _____	
	Starting Pay: _____		Supervisor's Name/Title: _____
Telephone: _____	Ending Pay: _____		_____
Duties: _____			
Reason for leaving: _____			
Name of Company:	<i>Circle One</i>		
	Full-time	Part-time	Title: _____
Address: _____	From: _____	To: _____	
	Starting Pay: _____		Supervisor's Name/Title: _____
Telephone: _____	Ending Pay: _____		_____
Duties: _____			
Reason for leaving: _____			

Please use additional pages if needed.

■ PERSONAL REFERENCES

List four people who have known you for at least the past five years.

DO NOT LIST RELATIVES OR CITY OF ALACHUA EMPLOYEES.

Name:	Occupation:
Address:	
Telephone Number:	Years known:

Name:	Occupation:
Address:	
Telephone Number:	Years known:

Name:	Occupation:
Address:	
Telephone Number:	Years known:

Name:	Occupation:
Address:	
Telephone Number:	Years known:

■ MILITARY SERVICE

Have you been in the military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes Dates of Service and branch:	
Type of Discharge:	
Were you ever convicted by a military court martial? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i> _____

■ PRIOR APPLICATIONS

Have you ever applied for employment as a law enforcement officer with another agency? Y N

If yes, indicate agency name and date of application:

Agency	Date



In accordance with the provisions of the Americans with Disabilities Act (ADA), are you able to perform the essential functions of the position you are applying for- including but not limited to participation in defensive tactics, firearms and physical training and operation of a motor vehicle -with or without accommodation?

_____ YES _____ NO

I certify that answers given herein are true and complete.

I authorize the City of Alachua to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I consent to references, former employers, and educational institutions listed being contacted regarding this application and also consent to complete criminal history background checks to be conducted.

I understand that employment is contingent upon successful completion of a pre-employment drug screening test and continuous compliance with the City's Drug Free Workplace Policy.

This application for employment shall be considered active for a period not to exceed six (6) months for the specific position for which I am applying. Any applicant wishing to be considered for employment for a different position or beyond this time must complete another application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with the City of Alachua is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

I understand all offers of employment are conditioned upon satisfactory reference checks, successful completion of all pre-employment tests and requirements in addition to the production of all documents necessary for the City to verify my identity and work authorization in accordance with the requirements of the U.S. Citizenship and Immigration Services.

In the event of employment, I understand that false or misleading information given in my application or interview(s), regardless of time of discovery, may result in disciplinary action including discharge. I also understand and abide by all policies and procedures of the City of Alachua, if employed.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Print Name

Date

Signature



Pre-Employment Background Investigation

Authorization / Waiver / Release

I _____, authorize the Alachua Police Department to conduct a thorough investigation of my personal history, character and reputation, as evidence by, but not limited to, my present and past employment, credit history, criminal history, including all law enforcement records, law enforcement testing and background investigations, which include medical and drug screen records, civil and criminal court files, Internal Revenue Service files, military records, educational institution records, driver's license records, residence history, and medical records history. Accordingly, I authorize any and all of these parties having knowledge of my past and present to cooperate in this process by releasing information as requested. I hereby release these parties from any and all liability for damages for providing the information requested.

I do acknowledge and accept that any information concerning me which is received by the City of Alachua Police Department is subject to the provisions of the Public Records Laws regulated by Florida State Statutes. I hereby waive any rights or claims I may have whether presently fully developed or not, against the City of Alachua Police Department, the City of Alachua or its agents or employees, arising out of or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City of Alachua Police Department's handling, processing, investigation, etc. of my background, including, but not limited to, my application, personal data information packet, background investigation forms, or any other component of the employment screening process. I understand this investigation will be conducted prior to my being given a job offer.

Copies of this form shall be considered to be an original. This form expires one year from the date of the signature and notarization. In accordance with the Americans Disability Act, medical information will not be requested and / or considered prior to a Conditional Offer of Employment.

Signature of Applicant

Date

Print Name

State of Florida
County of Alachua

Subscribed and sworn or affirmed to before me this ____ day of _____, 20 ____, by _____ who is personally known to me or has produced _____ as identification.

(Type of Identification and Identification Number)

Seal

Notary Public Signature



VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA

The City of Alachua is an Equal Opportunity Employer and maintains a work environment in which employees are treated with dignity and respect. The City ensures that applicants as well as employees receive consideration for employment without regard to age, ancestry, color, marital status, national origin, irrelevant physical disability, political affiliation, race, religious creed, sex, sexual orientation or other non-merit factors (except as limited by law, Personnel Policies and Procedures, Collective Bargaining Agreements, or bona fide occupational disqualifications). The City will make certain that all employment practices, including, but not limited to, compensation, benefits, layoffs, promotions, training, terminations, hiring, and recruitment, are administered in a manner that provides full and fair opportunity to all persons.

In order to comply with Federal/State equal employment record keeping and reporting requirements, please provide the information requested below.

The information you provide will be used for **statistical purposes ONLY**. It will be kept separate from your application for employment during the entire hiring process. Failure to provide this information will have no effect on your employment with the City.

HOW DID YOU HEAR ABOUT THIS POSITION: _____

Please check one of the following equal Employment Opportunity Identification Groups:

- RACE** _____ American Indian/Alaskan Native
 _____ Asian/Pacific Islander
 _____ Black (not of Hispanic origin)
 _____ Hispanic
 _____ White (not of Hispanic origin)

SEX _____ Male _____ Female

_____ Decline to answer

Print Name

Date

Signature

CITY OF ALACHUA
VETERAN'S PREFERENCE CLAIM FORM



VETERAN'S PREFERENCE: Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application. Per Florida Statutes, Chapter 295.07, veteran's preference points will be awarded on promotional exams only with regard to a veteran's first promotion after reinstatement or re-employment with the City after active duty service. Per Chapter 98-33, Laws of Florida, effective April 29, 1998, veteran's preference is only available to Florida residents. Indication of residence is usually voter registration, drivers license, physical location of home, application for homestead exemption, and application filed with the Circuit Court indicating intent to be a Florida resident.

CHECK ONE ONLY

REQUIRED PROOF

	I am not claiming veteran's preference	n/a
	A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense (10 points), or	DD214 or equivalent showing date of induction, date of separation, character of service, and document (dated within the past 12 months) from the Veteran's Administration, Department of Defense or the Division of Veteran's Affairs certifying the existence of a service-connected disability and the percent of the disability.
	The spouse of a disabled veteran (who cannot qualify for employment because of a total and permanent disability), or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power (10 points), or	DD214, copy of marriage license and statement that spouse is still married; certification from the Department of Defense or the Veteran's Administration that the veteran is totally and permanently disabled and cannot qualify for employment due to a service-connected disability; or in the case of an M.I.A., a document from the Veteran's Administration or Department of Defense certifying such a condition.
	A veteran of any war who has served on active duty for at least one (1) day and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era (5 points). Active duty for training is not allowable, or	DD214 or equivalent showing date of induction, date of separation and character of service.
	The un-remarried widow or widower of a veteran who died of a service-connected disability (5 points).	DD214, document from Department of Defense or Veteran's Administration certifying service-connected death of the veteran, evidence of marriage and statement that spouse is not remarried.

 BRANCH OF SERVICE

 DATE OF ENTRY

 DATE OF DISCHARGE

Note: Under Florida law preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

I certify that information provided is complete and correct and that any misrepresentation of the claim of preference is grounds for disqualification or candidacy or termination of employment.

 Applicant's Name (Please print)

 Applicant's Signature

 Date

 SS#

 Veteran's Name (if different from applicant – please print):

 Veteran's SS#:

Office Use Only

Award

Date